U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT** 

ams of	
1 File Number U 9837	2 Fiscal Year Covered From
	511/511/2004 Through 12/31/2004
3 Name and address of person filing	4 Name file number and address of labor organization
Name ALMA G ZAPATA	Name TEAMSTERS LOCAL UNION 803
	Labor Organization File Number 068-131
PO Box Bldg Room No if any	P O Box Building and Room Number if any
Street 126 LINCOLN AVENUE OFL	Street 91-01 80TH STREET
CITY BROOKLYN	City WOODHAVEN
State N Y ZIP Code + 4 11208-1718	State N Y ZIP Code + 4 11421
5 Position in labor organization SECRETIARY - TREASURER	
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)	
A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including tràde hame if any)	7 a Nature of Interest Transaction or Income
Name	
Trade Name if any	
PO Box Bldg Room No if any	
	7 b Amount.
Street	
Oib.	
City	
State ZiP Code + 4	/ NO ( H 3 ~ ~ ~
	111 11 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
State <sup>1</sup> ZiP Code + 4 ZiP Code + 4 Signature and verification. The undersigned declares under penalty of	Perjury and other applicable peralities of the law that all of the information ring documents) has been examined by the sighatory and is to the best of the

Name of Person Filing ALMA G ZAPATA	File Number U
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested	
8 Name and address of Business (including trade name if any)  Name LOCAL 803 HEALTH'S WELFARE FUNC  Trade Name if any  PO Box Bldg Room No if any  Street 91-01 80 <sup>TH</sup> STREET  City WOODHAVEN  State N.Y. ZIP Code + 4 11421	9 Business deals with
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing  RELATED HEALTH FUND FOR
Trade Name If any  PO Box Bldg Room No If any	UNION MEMBERS
Street	11 b Approximate dollar value of such dealing 3,154,338.80
State ZIP Code + 4	12 a Nature of Interest held or Income received  TRUSTEE EDUCATION CONFERENCE  AMERICAN ALLIANCE CONFERENCE  ORLANDO, FLA 5/01/04-5/05/04  REGISTRATION FEE, LODGING  AIRFARE AND EXPENSES
	12 b Amount \$29.90 & O
C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name  Trade Name if any  P O Box Bldg Room No if any  Street  City	
State ZIP Code + 4	
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment